# MEDICAL/VISION PLAN OPTIONS. Eligible first of the month following date of hire. To Opt Out of medical coverage you must provide proof of other group coverage. Monthly Contributions for Employees

MEDICAL PROVIDER	Employee Only		Employee & One Dependent		Employee & Family	
	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)
Regence BCBS PPO & Vision Service Plan (VSP)	\$73.44	\$294.36	\$145.54	\$582.62	\$218.92	\$832.50
Kaiser Permanente HMO	\$73.44	\$262.54	\$145.54	\$524.14	\$218.92	\$786.62
Regence BCBS HDHP & Vision Service Plan (VSP)	\$6.20	\$220.08	\$13.00	\$435.68	\$18.88	\$616.28
Kaiser Permanente HDHP	\$6.20	\$144.60	\$13.00	\$289.62	\$18.88	\$433.98
OPT-OUT AND RECEIVE	\$130.00	\$91.00	\$130.00	\$91.00	<i>\$130.00</i>	\$91.00

Health Saving Account (HSA) Employees enrolled in the HDHP plans will be automatically enrolled in the HSA. The county will contribute \$20.83 per pay period for single coverage of \$41.66 per pay period for family coverage. You may also contribute per pay period an amount up to the annual maximum allowed.

# DENTAL PLAN OPTIONS. Eligible the first of the month following 90 calendar days of employment. **Monthly Contributions for Employees**

DENTAL PROVIDER	Employee Only		Employee & One Dependent		Employee & Family	
	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	<b>Full-Time</b> (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)
Delta Dental of WA (DDWA)	\$7.92	\$18.32	\$15.50	\$34.96	\$23.38	\$53.68
Kaiser Permanente Dental	\$7.92	\$23.42	\$15.50	\$46.60	\$23.38	\$70.00
OPT-OUT AND RECEIVE	<i>\$20.00</i>	\$14.00	\$20.00	\$14.00	<i>\$20.00</i>	\$14.00

# To find out more in-depth information concerning any of our health coverage plans, click on the plans name to be taken to a link that will provide you with their "Summary of Benefits Coverages".

### **Additional Benefits:**

FLEXIBLE SPENDING ACCOUNTS FOR HEALTH CARE AND DEPENDENT CARE\* Allows employees to pay for qualified expenses with pre-tax dollars.

**GROUP TERM LIFE INSURANCE\*** \$25,000 Employer paid coverage. Plan includes Accidental Death & Dismemberment (AD&D).

ADDITIONAL TERM LIFE INSURANCE\* (OPTIONAL) Purchase increments of \$10,000 up to a maximum of \$500,000. Spouse coverage available in \$10,000 increments up to 100% of the employee's total coverage. Dependent child coverage available. Evidence of insurability may be required.

**LONG TERM DISABILITY INSURANCE\*** Employer paid benefit. Pays 60% of covered salary up to a maximum monthly benefit of \$9,000 following a 60 calendar day waiting period or total length of accrued PTO and/or sick leave, whichever is longer.

LONG TERM DISABILITY BUY-UP\* (OPTIONAL) Purchase an additional 6 2/3% benefit to increase total long term disability benefit to 66 2/3%.

EMPLOYEE ASSISTANCE PROGRAM Referral and short term counseling service for employees and their covered dependents. Up to 6 individual counseling sessions per issue; legal and financial counseling available.

**HOLIDAYS** Ten (10) Holidays

**BEREAVEMENT LEAVE** Up to three (3) days or maximum of 24 hours upon death of covered family member. Up to an additional two (2) days or sixteen (16) hours for air travel or one-way land travel of four (4) or more hours when necessary, with prior approval.

# **JURY DUTY LEAVE**

#### **MILITARY LEAVE**

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<sup>\*</sup> Not available to project employees

# Clark County 2020 Benefits Summary

**WASHINGTON STATE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)** Employee choice between PERS Plan 2 and Plan 3. Participation and employer and employee contributions required. Contribution rates are established by DRS.

**DEFERRED COMPENSATION (457 PLAN)-OPTIONAL** Employee paid tax-deferred retirement savings.

**LEGALLY MANDATED BENEFITS** Social Security, Medicare, Unemployment Insurance, and Worker's Compensation.

#### **Vacation Leave Accrual Schedule**

Vacation may be used after the completion of 6 months of service.

Completed Years of Service	Per Pay Period Accrual (hours)	Hours per Year	Days per Year (based on 8 hours per day)	Maximum Accu- mulation (hours)
Start	3.34	80	10	NA
1	4.34	104	13	208
5	5.34	128	16	256
10	6.34	152	19	304
15	7.34	176	22	352
20	8.34	200	25	400
25	9.34	224	28	400
30	10.34	248	31	400

## **Sick Leave Accruals**

Full time employees shall accrue sick leave at the rate of eight (8) hours per month or ninety-six hours per year. Sick leave may be accumulated up to a maximum of twelve hundred (1200) hours. Employees shall accrue sick leave based on paid hours. No accrual shall occur during unpaid leave. Regular part-time employees shall accrue sick leave on a pro rata basis.

### **Floating Holiday Accruals**

Employees shall receive three floating holidays per year. Floating holidays shall be credited on January  $1^{st}$  of each year. They must be used by the end of the year and may not be carried forward into the next calendar year. New employees shall receive a pro rata share of floating holiday hours at the rate of  $1/24^{th}$  or a maximum of 24 hours of the annual entitlement beginning with your first pay period.

**NOTE:** This is a summary of benefits only; details are contained in the HR County Policy Manual, Collective Bargaining Agreement, Summary Plan Descriptions or other plan materials. This summary reflects benefits for full-time employees. Part-time, job-share, and project employee benefits may differ. Benefit Plans are subject to change.

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